

American Optometric Association NEWS

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No. 3

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News blog
at newsfromaoa.org
American Optometric
Association

ODs exempt as DMEPOS surety bond, accreditation deadlines approach

Optometrists are exempt from Medicare regulations that, beginning in October, will require providers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) to post surety bonds and be formally accredited.

The AOA and other health provider organizations successfully fought for exemption under the rule 12 years ago.

When implementing rules were proposed, the AOA again fought to keep ODs exempt.

However, that apparently has not stopped surety bond sales people and accreditation programs from flooding practices around the nation with solicitations.

And that is creating a good deal of confusion among some practitioners, according to the AOA Advocacy Group.

"Congress has specifically exempted physicians — including optometrists — from the durable medical

equipment security bond and accreditation requirements," AOA Advocacy Group Director Jon Hymes said. "Except in very rare cases, there will be no need for an optometric practice to post a security bond or become accredited as a DMEPOS supplier."

Congress originally imposed the \$50,000 surety bond requirement under the Balanced Budget Act of 1997, although the U.S. Centers for Medicare & Medicaid Services (CMS) did not set a final implementation date until earlier this year. Lawmakers added the accreditation requirement under the Medicare Modernization Act of 2003 (see *AOA News*, Jan. 16, 2008).

DMEPOS providers are to be accredited by Oct. 1 and post surety bonds by Oct. 2.

The surety bond and accreditation requirements came in the wake of widely publicized investigations by the U.S. Department of

See DMEPOS, page 6



Indiana University School of Optometry student Nick Woodall conducts a free vision evaluation for an athlete competing in the 2009 AAU Junior Olympic Games in Des Moines, Iowa. See story, page 12.

AOA technology survey shows pachymetry, SLO now common in OD practices

Advanced diagnostic technology, such as pachymetry and scanning laser ophthalmoscopes (SLOs), paperless practice management, electronic communications, and online ordering are increasingly common in AOA member optometric practices, the

2009 AOA New Technology Survey finds.

The AOA New Technology Survey is conducted every two years by the AOA Research & Information Center to determine the extent to which various technologies are utilized in optometric practice.

"The AOA New Technology Survey is consistently among the AOA's most popular recurring surveys with more than a third of surveyed optometrists responding.

That reflects the profession's interest in the emer-

See Survey, page 6



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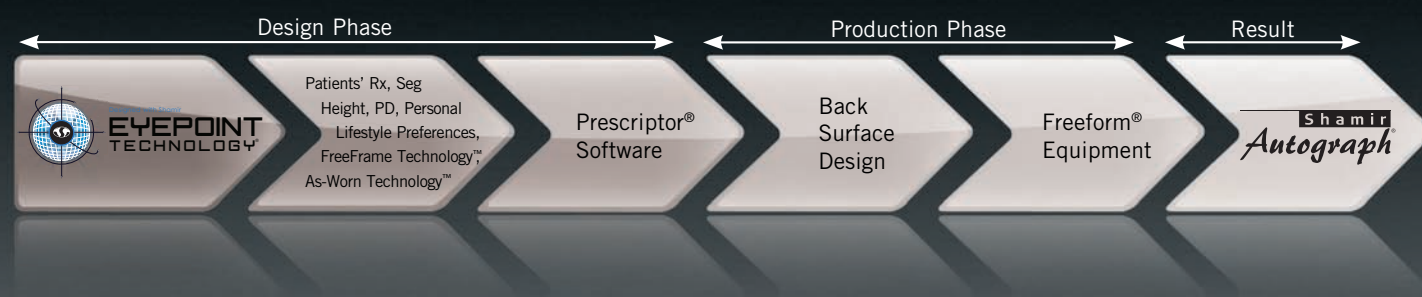
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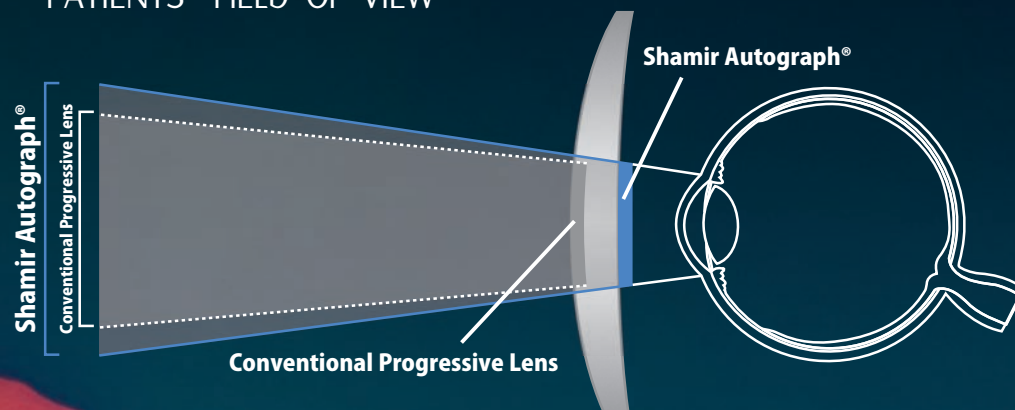
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PRESIDENT'S COLUMN

Making reform a beneficial change

In July, I was honored to be invited and to participate in a Primary Care Conference at the White House chaired by Nancy Ann DeParle, President Obama's director of Health Care Reform.

I had the privilege to speak publicly to DeParle and her staff concerning health care reform. I conveyed the importance of patient-centered care and allowing patients to choose their own health care providers.

I explained that artificial barriers that restrict care by providers licensed to offer the same services is both more costly and not in the best interest of quality patient care.

Although the AOA was pleased to be at the table providing our input and presenting our vision of health care, optometry is clearly a small boat in this vast and stormy sea of health care reform in the United States.

Optometry, however, continues to be an effective force in Washington, D.C., targeting patient access-to-care issues and defining the role ODs play in the health care system.

It is on these issues that our Washington office team, our nationwide network of federal Keypersons and grassroots activists, through the AOA's Online Legislative Action Center, as well as our involvement in AOA-PAC, have given us a voice and, right now, an opportunity to keep our hard-won seat at the table in the nation's capital.

Whatever our individual political beliefs may be, or

how we may personally feel about the ideas that are contained in the 1,000-plus page health care bills now being aggressively pushed forward through Congress, we must all understand the potential impact these changes may have on our profession.

We can all agree that this whole process continues to be emotionally charged and any changes will be both expensive and controversial.

Unfortunately, the potential is there for this reform process to be catastrophic for

sional committees in both the Senate and House.

Although the AOA has been successful in adding optometry-specific amendments to some of these bills, final victory is most definitely not assured and groups with an anti-optometry agenda are more active than ever.

In fact, the outlook for the AOA's top priority remains uncertain; it is vitally important to all optometrists that patient choice/provider non-discrimination safeguards are a basic element of any reform plan that

If optometry is to be treated fairly under health care reform, it is critical that health plans are specifically stopped from restricting access to health care by optometrists.

our profession.

On June 24, with the future of our profession uppermost in our minds, more than 500 ODs and optometry students took time away from their offices and studies to personally deliver optometry's message on health care reform to Capitol Hill.

I'm proud of them and was proud to be one of them. It was optometry's largest federal advocacy gathering ever and an inspiring moment for our profession.

But was it enough? In the days since, health care overhaul bills have continued to advance through congress-

advances through Congress to the president's desk.

Our continued efforts to reach out to our legislators in a thoughtful and methodical manner will not only promote optometry's pro-patient message, but will speak volumes to optometry's ability to create meaningful dialogue with our elected representatives.

Our profession is accomplishing this without the anger and emotional bias that has clouded some of the messages from other groups and individuals at many of the public meetings.

If optometry is to be treated fairly under health care reform, it is critical that health



Dr. Brooks

plans are specifically stopped from restricting access to health care by optometrists.

The health insurance industry and the organized medicine lobby recognize this.

Using health care reform as a pretense, they are attempting to pre-empt the state patient choice/provider non-discrimination laws that ensure patient access to optometric care.

If we allow this to happen, health care reform will truly be devastating for our profession, our practices and, most of all, our patients. It is up to each of us, individually and collectively, to make sure that does not happen.

Randolph Brooks, O.D.
AOA president

P.S. You can see some of the highlights from the Congressional Advocacy Conference and Optometry's Meeting® at www.youtube.com/aoaweb.

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Gene therapy trial shows patients healthy, maintain early visual improvement after 1 year

Three young adults who received gene therapy for a blinding eye condition remained healthy and maintained previous visual gains one year later, according to an August online report in *Human Gene Therapy*.

One patient also noticed a visual improvement that helped her perform daily tasks, which scientists

M.D., Ph.D. “I anticipate that it is only a matter of time before similar techniques will be applied to other genetic diseases affecting vision.”

The three patients in the study—age 22, 24 and 25—have been legally blind since birth due to a specific form of LCA caused by mutations in the RPE65 gene.

The protein made by

unchanged, all three patients could detect very dim lights that they were unable to see prior to treatment.

This visual benefit provides evidence that the newly introduced RPE65 gene is functional and is increasing the light sensitivity of the retina.

“These new reports extend our previous findings from three months after the

procedure. At one year, we have now found that the RPE65 gene therapy appears to be safe and leads to a stable visual improvement in the patients studied. We are cautiously optimistic about these results and look forward to additional reports that address the key issues of safety

and effectiveness,” said Artur V. Cideciyan, Ph.D., research associate professor of ophthalmology at the University of Pennsylvania and lead author of the publications.

At 12 months, one patient also noticed that while riding in a car, she could read an illuminated clock on the dashboard for the first time in her life.

When researchers performed additional visual testing, they found that this patient focused on images with a different part of the retina than they expected.

Instead of focusing on images with the fovea, this patient had gradually begun to use the area of the retina that had been treated with gene therapy.

The area had already become more light sensitive than her fovea at one month after treatment, but it took 12 months for her to read dim numerals—such as the illuminated clock—that she

was previously unable to read.

“This interesting finding shows that over time a person visually adapted to gene therapy in a meaningful way,” said Samuel G. Jacobson, M.D., Ph.D., professor of ophthalmology at the University of Pennsylvania’s Scheie Eye Institute and principal investigator of the clinical trial. “As we continue our studies, we will look more closely at whether these slow visual gains could be accelerated

with visual training.”

Researchers will continue to follow these patients over the next several years to monitor safety and to learn whether the visual benefits remain.

This ongoing phase I trial also includes additional groups of LCA patients—children as well as adults—who are receiving different doses of the RPE65 gene therapy.

For additional information about LCA, visit www.nei.nih.gov/lca.

“These results are very significant because they represent one of the first steps toward the clinical use of gene therapy for an inherited form of blindness. I anticipate that it is only a matter of time before similar techniques will be applied to other genetic diseases affecting vision.”

describe in an Aug. 13 letter to the editor in the *New England Journal of Medicine*.

These findings have emerged from a phase I clinical trial supported by the National Eye Institute (NEI) at the National Institutes of Health and conducted by researchers at the University of Pennsylvania at Philadelphia and the University of Florida at Gainesville.

This is the first study that reports the one-year safety and effectiveness of successful gene therapy for a form of Leber congenital amaurosis (LCA), a currently untreatable hereditary condition that causes severe vision loss and blindness in infants and children.

“These results are very significant because they represent one of the first steps toward the clinical use of gene therapy for an inherited form of blindness,” said NEI Director Paul A. Sieving,

this gene is a crucial component of the visual cycle.

The RPE65 protein is necessary for the production of a retina-specific form of vitamin A that is required for the light-sensitive photoreceptor cells to function.

Mutations in the RPE65 gene prevent this production, which halts the visual cycle and blocks vision.

The RPE65 disease offers an opportunity for treatment in that it leaves some photoreceptors intact.

In this study, researchers pinpointed an area of intact photoreceptors in the retina of each patient.

They injected healthy copies of the RPE65 gene under the retina in this area in an attempt to repair the visual cycle.

One year after the procedure, the therapy had not provoked an immune response in the eye or in the body.

Though the patients’ visual acuity remained

Correction

The July issue of AOA News incorrectly states that AOA Trustee Samuel D. Pierce, O.D., was elected to a one-year term. However, he was elected to a two-year term on the board. The AOA News regrets the error.

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gence and use of new technologies in day-to-day practice settings," said Mark K. Colip, O.D., chair of the new AOA Research & Information Center Executive Committee.

Results of this year's survey suggest that some optometrists who two years ago reported intentions to update their clinical equipment have now probably done so, Dr. Colip adds.

For example, survey results show the three most common diagnostic devices in AOA-member optometric practices today are automated perimeters (found in 91.8 percent of practices), autorefractors/ autokeratometers (80.8 percent), and, for the first time, pachymeters, now found in three-quarters (75.2 percent).

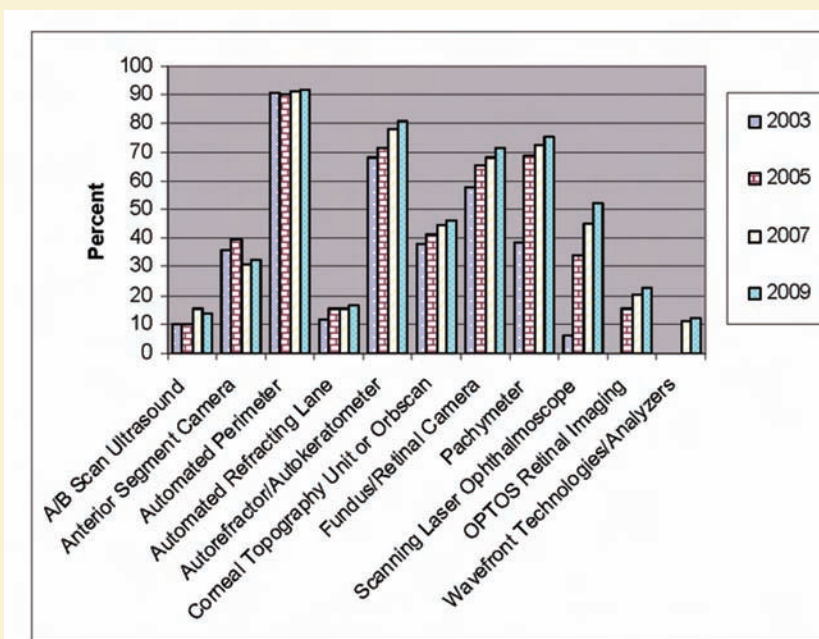
Pachymeters and SLOs represented the fastest growing forms of clinical technology in optometric practices over the past five years, the survey results indicate.

Pachymeters were found in just over a third (38.3 percent) of practices five years ago.

SLOs are now available in more than half (52.3 percent) of practices, up from fewer than one in 16 practices (6.3 percent) five years ago (see chart).

Optometrists continue to use practice management software programs mostly for routine office work such as billing (87.4 percent), claim processing (84.0 percent),

ODs' use of technology in clinical practice, 2003-2009



and bookkeeping (79.7 percent), the survey finds.

However, the survey also finds 35.6 percent of responding practitioners interface one or more of their practice management software technologies with their electronic medical records systems, greatly increasing practice efficiency, Dr. Colip notes.

Four out of 10 (44.5 percent) survey respondents this year say they participate in online discussion groups (i.e., www.mainosmemos.blogspot.com, www.visionmonday.com) or subscribe to online newsletters or listserves.

More than four out of

five (84.5 percent) of the survey respondents have visited the AOA Web site (www.aoa.org).

More than half of responding ODs (55.5 percent) say they maintain a privately owned Web site for their practices.

Many more (41.3 percent) use a sponsored Web site (i.e., VSP, VisionWeb) to market their practices.

Two out of every five optometrists (40.8 percent) now routinely capture and update their patients' e-mail addresses, the survey finds.

More than two-thirds of responding optometrists (72.8 percent) now order inventory online from a vendor's Web

site, the survey finds.

Nearly half (47.1 percent) order through a buying group's Web site, while about one in three optometrists (35.0 percent) order through an independent Web site (e.g., VisionWeb).

Just over half (55.5 percent) of responding optometrists now order lenses online – and about two-thirds

(67.9 percent) of those who do say they order all their lenses that way.

Two-thirds of the responding optometrists (69.1 percent) now order other types of goods or services, such as office supplies, online.

One in eight optometrists (12.8 percent) utilized computer-assisted lens and frame selection in their dispensaries.

One in five optometrists (20.0 percent) recommended an online contact lens fulfillment service to their patients over the past year.

The 2009 AOA New Technology Survey was sent to a sample of 4,000 AOA members in the spring of 2009.

Just about one-third (33 percent) responded to the survey.

Complete copies of "Highlights: 2009 AOA New Technology Survey" are posted on the AOA Web site (www.aoa.org).

Survey results will also be published in the November edition of *Optometry: Journal of the American Optometric Association*.

DMEPOS, from page 1

Health & Human Services (HHS) Office of Inspector General (OIG) into the home health supply industry.

Investigations centered in large part on providers of wheelchairs and home oxygen supply units. One high-volume wheelchair retailer allegedly overbilled Medicare by \$50 million.

"The CMS has acknowledged on more than one occasion this year that post-cataract eyeglasses are not a DMEPOS fraud concern," Hymes added.

At the request of the AOA and other health care provider organizations, physicians were specifically exempted from the surety

bond requirement when it was enacted a dozen years ago.

The CMS, when issuing implementing regulations this year, confirmed with that surety bonds were not an appropriate requirement for physicians.

Lawmakers initially included physicians under the accreditation requirement because Medicare classifies some goods dispensed in health care practices as DMEPOS.

Those goods include the eyeglasses that may be dispensed by optometrists to post-cataract patients.

see DMEPOS, page 12

"A \$50,000 surety bond costs an estimated \$1,500 annually. Thus, by convincing Congress to exempt physicians a dozen years ago and by making sure the CMS recognized that exemption this year, the AOA saved optometrists \$21 million annually. The cost of DMEPOS accreditation is estimated to be \$3,000 for a three-year accreditation. By securing an exemption, the AOA saved optometrists another \$14 million annually."

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Bonanno, Orr named to National Advisory Eye Council

Joseph A. Bonanno, O.D., Ph.D., has been named to the National Eye Institute's (NEI) National Advisory Eye Council.

The council advises the NEI about conducting and supporting research, training, health information dissemi-

Health (NIH) Center for Scientific Review Anterior Eye Disease Study Section.

Also named to the council was Alberta L. Orr, the coordinator of the New York City Coalition on Aging and Vision, and an adjunct faculty member at Salus University,

eases. The NEI supports basic and clinical science programs that result in the development of sight-saving treatments.

The NIH — known as "The Nation's Medical Research Agency" — includes 27 institutes and

The council advises the NEI about conducting and supporting research, training, health information dissemination, and other programs that address blinding eye diseases and disorders, visual function mechanisms, sight preservation, and health needs of visually impaired individuals.

nation, and other programs that address blinding eye diseases and disorders, visual function mechanisms, sight preservation, and health needs of visually impaired individuals.

The group's 12 appointed members are leaders in the fields of ophthalmology, optometry, and basic sciences, as well as public policy, law, health policy, economics, and management.

Dr. Bonanno is an associate dean and professor of optometry and vision science at the Indiana University School of Optometry, where he teaches biochemistry and physiology.

During the past 18 years, Dr. Bonanno's research has primarily involved the ion and fluid transport properties of the corneal endothelium.

He is a fellow of the American Academy of Optometry and has previously served as a member and chair of the Association for Research in Vision and Ophthalmology Physiology/Pharmacology Program Planning Committee, an ad hoc reviewer for several NEI grant panels, and a member of the National Institutes of

where she teaches courses on aging and vision loss, principles of vocational rehabilitation and independent living, and late-life human development. Orr has written five books on aging and vision loss, and has been involved with the National Eye Health Education Program for the past 10 years.

Others named to the council were James Chodosh, M.D., an ophthalmologist at the Massachusetts Eye and Ear Infirmary and a lecturer in ophthalmology at Harvard Medical School and Col. Donald A. Gagliano, M.D., the executive director of the Department of Defense/Department of Veterans Affairs Vision Center of Excellence.

"We are excited to welcome these accomplished council members, who offer a wide range of expertise," said NEI director Paul A. Sieving, M.D. "We look forward to their guidance as the NEI continues to advance vision science and the eye health of the nation."

The NEI, part of the NIH, leads the federal government's research on the visual system and eye dis-

orders and is a component of the U.S. Department of Health & Human Services.

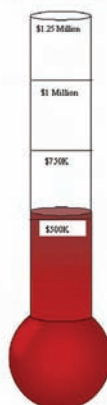
It is the primary federal agency for conducting and supporting basic, clinical, and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases.

For more information, visit www.nei.nih.gov or www.nih.gov.

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NEI launches online vision science resources

The National Eye Institute (NEI) has unveiled three online resources to give the public an inside look at eye research and its impact on public health.

Online newsmagazine – "Eye on NEI" will feature in-depth stories, interviews with researchers, vision science images, and answers to eye health questions.

The first biweekly edition includes a profile of Erik Weihermayer, the only blind man to reach the summit of Mount Everest.

Weihermayer recounts his experiences with testing a breakthrough vision device known as BrainPort.

The device, developed with NEI support, allows visually impaired people to "see" objects and words by relaying electrical signals from the tongue to the brain.

The online newsmagazine can be accessed at www.nei.nih.gov/EYEonNEI.

Multimedia research timeline – This interactive timeline details the research path toward gene therapy treatment for Leber congenital amaurosis (LCA). (See article on page 5.)

In a recent NEI-supported study, three young adults with LCA experienced improvements in day and night vision after undergoing gene therapy.

The timeline incorporates video interviews with researchers, scientists, and medical experts to trace the scientific process from the laboratory bench to the patient's bedside.

The timeline can be accessed at www.nei.nih.gov/lca/nei_timeline.

Vodcast and podcast – Many vision problems can go undetected without regular, comprehensive dilated eye exams.

In vodcast and podcast interviews for the new Healthy Eyes Web page, the NEI's Janine Austin Clayton, M.D., explains for the public how nearsightedness, farsightedness, astigmatism, and presbyopia are easily corrected once diagnosed.

Visitors can also use the Web page to send free e-cards to encourage family and friends to get their vision checked.

The vodcasts and podcasts can be accessed at www.nei.nih.gov/healthyeyes.

The NEI introduced the new online public education resources last month in conjunction with its May observance of Healthy Vision Month.

The agency believes they will be of interest to the nearly 14 million Americans who experience vision problems, ranging in need from simple refractive error to sight-threatening eye diseases.

The NEI, a component of the National Institutes of Health, is the federal government's lead agency for vision research that leads to sight-saving treatments and plays a key role in reducing visual impairment and eye conditions.

For more information, visit the NEI Web site at www.nei.nih.gov.

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Paraoptometric Recognition Week set for September

How do you recognize the importance and worth of your support staff? Paraoptometric Recognition Week is one way to formally thank your staff for their dedication to patient care.

Now in its seventh year, there are many ODs and even paraoptometrics who still do not know that there is a week specifically set aside to recognize them.

The AOA Paraoptometric Section, with the support of the AOA, has designated the third week in September as Paraoptometric Recognition Week.

More and more paraoptometrics are dedicating themselves to the profession of optometry by becoming certified.

They are voluntarily seeking and receiving continuing education in the latest information and technology available.

The whole community of optometry should celebrate this week with them to recog-

nize their commitment to the profession of paraoptometry.

On a daily basis, paraoptometrics provide assistance to ODs and patients all over the country.

Whether a patient calls the practice, or walks in the door, paraoptometrics are the first contact. They are the ones who give instructions on contact lens wear and care. They help patients choose the correct frames for their lifestyle and personality. They go far beyond those tasks to provide important screenings and many other clinical functions. They keep the business running smoothly and are the OD's right hand.

The American College Dictionary defines recognition as "acknowledgment of kindness, service, merit, etc." So again, how does one truly show appreciation for the day-to-day commitment of their staff?

Nearly three out of five (78.5 percent) of employers pay some or all of the costs

to send paraoptometrics to continuing education seminars.

Many of those also pay the fees for Paraoptometric Section membership.

This kind of continued support pays off through better patient care, staff retention and work satisfaction.

But more important, giving respect to the paraoptometric and not just seeing them as the "folks out front" will also contribute to the image that the rest of the health care community has for the profession of paraoptometry.

No matter how you choose to acknowledge your staff during the Paraoptometric Recognition Week, take the time to truly look at what they do each and every day, not only for your patients or your practice, but also for the community of optometry.

Free Paraoptometric Recognition Week kits are available by contacting ParaRecognition@aoa.org.

Paraoptometric

Recognition Week September 13-19, 2009



 American Optometric Association
Paraoptometric Section

How will you celebrate?
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Recognize the work of paraoptometrics with a free Recognition Week kit available by e-mailing ParaRecognition@aoa.org.

Great moves are rarely coincidental.



AOA Practice Transitions is a comprehensive one-day seminar covering the fundamental steps to successfully buying or selling an optometric practice. You'll learn about:

- Buyer/seller needs, wants and expectations
- The difference between 'buying out' and 'buying in'
- Financing and ownership options
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Two seminars are planned this fall:

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To register or learn more, log onto www.aoa.org/practice-transitions.xml
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AOA SVS conducts free vision evaluations for Jr. Olympians

The AOA Sports Vision Section (SVS) conducted free vision evaluations July 30- Aug. 1 for athletes competing in the 2009 Amateur Athletic Union (AAU) Junior Olympic Games in Des Moines, Iowa, thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provided volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it was an excellent opportunity to receive hands-on training and

experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multisport event conducted annually for youth in the United States.

More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 15 years.

The SVS issues a special thank you to all volunteers who helped make the program a success.

AAU Junior Olympic Games future dates:

- ❖ Hampton Roads, Va. July 28 – Aug. 7, 2010
- ❖ New Orleans, La. July 27 – Aug. 6, 2011
- ❖ Knoxville, Tenn. July 25 – Aug. 4, 2012

For more information, visit www.aaujrogames.org.



Illinois College of Optometry students Seth Stanton and Christine Martinson use a Visagraph. Below, Pacific University student Brian Vette and Indiana University student Kate Montealegre test athletes' depth perception and color vision at near.



AOA SVS volunteers traveled to the AAU Junior Olympics to conduct free vision evaluations.

DMEPOS,

from page 6

However, optometrists and other physicians widely objected, noting their offices by and large have not been involved in the type of Medicare abuses alleged in the home health supply industry and the accreditation requirements would place unreasonable burdens on health care practices (see *AOA News*, April 14, 2008).

In response, lawmakers included provisions in the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 exempting physicians from the accreditation requirement.

Under that legislation, the CMS is prohibited from requiring accreditation for physicians and other professionals unless the agency first develops accreditation standards specifically for their practices (see *AOA News*, April 13).

"A \$50,000 surety bond costs an estimated \$1,500 annually. Thus, by convincing Congress to exempt physicians a dozen years ago and by making sure the CMS

recognized that exemption this year, the AOA saved optometrists \$21 million annually. The cost of DMEPOS accreditation is estimated to be \$3,000 for a three-year accreditation. By securing an exemption, the AOA saved optometrists another \$14 million annually," Hymes noted.

The CMS surety bond regulation stipulates that a physician is exempt "if the DMEPOS items are furnished only to his or her patients as part of his or her professional service." The stipulation is intended to prevent medical supply companies from using physicians as figureheads to circumvent the surety bond requirement, Hymes said.

The exception will cover most cases in which eyewear is dispensed in an optometric practice because the providing of eyewear is a professional service and a doctor-patient relationship is probably thereby established, according to the AOA Advocacy Group.

"Check with your state

board or your malpractice liability carrier for more information about what establishes a doctor-patient relationship, and its legal duties, in your state if you remain unsure who is or who is not a patient," Hymes advised.

Opticians are not exempt from the surety bond requirement because they are not physicians, the AOA Advocacy Group emphasizes.

"Thus, an optician who has a Medicare DMEPOS billing number needs a \$50,000 surety bond," Hymes noted.

Similarly, an optometric practice that employs an optician with a DMEPOS billing number may need to post a surety bond under the regulation, the AOA Advocacy Group also emphasizes.

The exemption for accreditation is broader in scope, the AOA Advocacy Group notes. Opticians are exempt from the accreditation requirement. However, a medical supply company with a physician executive would probably not be exempt from

accreditation, Hymes emphasizes.

Optometrists and other health care practitioners could be subject to a DMEPOS accreditation requirement in the future, the AOA Advocacy Group believes. The CMS has indicated its intention to pursue accreditation standards for physicians in the future.

Optometrists — including those with atypical practice arrangements or a high volume of durable medical

equipment claims — who are unsure of their obligations under the new DMEPOS regulations or who provide any durable medical equipment other than post-cataract eyewear may need to obtain legal counsel for advice, the AOA Advocacy Group notes.

AOA members with questions on the new DMEPOS regulations may contact AOA Advocacy Group staff person Rodney Peele at rpeele@aoa.org.

New ways to connect with AOA...

www.facebook.com/american.optometric.association

www.twitter.com/aoanews

www.youtube.com/aoaweb



OGS issues World Sight Day challenge with focus on women

Optometrists across the United States and around the globe are invited to take part in this year's World Sight Day Challenge in October to help raise funds and awareness for programs that ensure vision care for people in countries without access to even basic eye care services.

This year's theme is enhancing vision care for women.

The World Sight Day Challenge is an annual fundraising campaign that invites the optometry pro-

fession to raise funds for people who are blind or vision impaired simply because they do not have access to an eye exam and glasses.

It is coordinated by Optometry Giving Sight – an organization that funds the solution by supporting projects that offer not only eye exams and glasses, but establish vision centers and train local eye care professionals in communities with little or no access to vision care services.

It is estimated that there are more than 670 million men, women and children in the world with "uncorrected refractive error" – with more than 90 percent living in developing countries.

According to VISION 2020: The Right to Sight, women and girls make up two-thirds of all blind people. In many countries this is due to traditional social, economic and political structures and customs that favor men.

Funded by Optometry Giving Sight and its partners, the newly opened Vision Centre in the remote Kegalle District of Sri Lanka provided 23-year-old Kanchana with access to her first eye exam the day after she got married.

Having struggled to see clearly, Kanchana received her first-ever pair of spectacles from a recently trained spectacle technician, Apsara, whose training was also funded in part by Optometry Giving Sight.

The glasses will enable

Kanchana to enter her new life with clear vision for the future. Apsara also has a clear vision for her future now that she is able to provide for her family after the training she received.

The World Sight Day Challenge invites optometrists to help transform the lives of people like Kanchana and

Latin America, indigenous Australia, Papua New Guinea, as well other parts of the world.

For more information or to register to take the World Sight Day Challenge, visit www.givingsight.org or call 1-888-OGS-GIVE. Participants will receive a free kit with

World Sight Day Challenge materials that contains everything needed to create a great practice and community event.

Optometry Giving Sight is a joint initiative of the World Optometry Foundation, the International Centre for Eyecare Education and the International Agency for the Prevention of Blindness. National industry sponsors include CIBA Vision, the Institute for Eye Research, Marchon, Vision Source!, AllAboutVision.com, EyeVis and Vision Research Institute.

**According to VISION 2020:
The Right to Sight,
women and girls make up
two-thirds of all blind
people.**

Apsara and others in Sri Lanka and around the world by making a donation to Optometry Giving Sight on or around World Sight Day – Oct. 8, 2009.

Many optometrists choose to do this by donating their eye exam fees for a day in October, making a personal or practice contribution, and/or encouraging staff and patients to give the gift of sight to those without access to even basic eye care services.

It can cost just \$5 to provide an eye examination, a pair of glasses and residual training to local staff in countries where eye care services are few.

This alone could be enough to save someone from the injustices of poverty, allowing children to go to school and parents to provide for their families.

Optometry Giving Sight guarantees that 85 percent of all funds raised by optometrists, their staffs, and their patients go directly to programs that give sight to those most in need.

By the end of 2009, Optometry Giving Sight will have distributed \$3 million through its partners to help screen and provide basic eye care services to more than 1.7 million people, train 1,550 mid-level eye care personnel, and create 101 vision centers/optical workshops.

The funds will be directed to projects in Sri Lanka, southern Africa, East Timor,

PolyVue announces agreement with Lensco

PolyVue and Lensco announced a distribution agreement to bring PolyVue's HDX2 Multifocal Progressive and HD2 Aspheric contact lenses to Lensco's customer base. This agreement increases the availability of these revolutionary lenses for eye care practitioners (ECPs).

Effective immediately, Lensco customers can now purchase PolyVue lenses, including the HDX2 Multifocal Progressive and HD2 Aspheric lenses, using their existing Lensco accounts.

"We are excited to partner with Lensco on the roll out of our new 2nd Generation contact lenses," said Courtney McMillon, vice president of operations for PolyVue.

"Lensco shares the same high commitment to quality and service as our organization, and we look forward to serving their ECPs with the same level of excellence they are accustomed to."

Within the first few weeks of availability, the new PolyVue 2nd Generation monthly disposable lenses received unprecedented levels of positive feedback from doctors who fit them, the company said.

With multiple patents secured for the design, Comfort Perfected™ lens edging and state-of-the-art Hypathin™ cast mold manufacturing, both the HD2 and HDX2 form an advanced complete system to provide exceptional comfort and outstanding visual acuity, making them a perfect option for Lensco eye care practitioners.

The PolyVue HD2 and HDX2 lenses are offered in Methafilcon A with a 55 percent water content and are available in powers from -10.00 to +6.00 in 0.25 steps. Fitting kits are available.

Visit www.polyvue.com for more information.



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– Dr. Timothy Hennie, OD

* Some limitations and restrictions apply. Call for details.



For orders or inquiries call (877) 734-2010 or go to www.polyvue.com



SPOTLIGHT ON AOA MEMBERS

ODs, hospital join forces to prevent eye injuries

Eye safety can be an issue in rural areas like Cedar County, Mo. Farmers are subject to a variety of eye hazards from machinery mishaps and foreign bodies to simple allergies and ultraviolet ray exposure. So are workers in the small factories that are often the economic base of small towns.

However, few farms or small manufacturers have the type of formal eye safety programs that are common



among large employers. And rural residents, likely anyone, can be subject a variety of eye hazards in the course of day-to-day living or recreational activities, notes Michael Frier, O.D.

He and his wife, Cathy Frier, O.D., maintain the Family Vision Center, Cedar County's only eye care practice, which sees a number of eye injury cases.

"People are unaware of the need for eye protection," Dr. Frier observes. "Once you have an eye injury, then you become a believer in eye protection."

Concerned about the number of eye injuries occurring in his Ozark Mountain community, Dr. Frier, early this year, began developing Be Kind to Your Eyes, an eye safety public education program.

It turns out he was not alone in his thinking.

At about the same he began work on his project, Dr. Frier was contacted for technical advice by Cedar County Memorial Hospital (CCMH), which was developing its Eye Safety Campaign 2009, to reduce blindness and visual impairment in children and adolescents age 17 and younger by increasing use of appropriate personal protective eyewear in recreational activities and in hazardous situations around the home.

The hospital was seeking a grant from the National Eye Institute's (NEI) Healthy Vision Community Award program for the outreach

project.

At almost the same time, Dr. Frier received a call from LeeAnn Barrett, O.D., the executive director of the Missouri Optometric Association, suggesting he pursue an AOA Healthy Eyes Healthy People™ (HEHP) grant for his public education effort.

Both the NEI Healthy Vision and AOA HEHP program offer grants to facilitate community awareness projects in support of the vision-related objectives outlined in Healthy People 2010, the nation's official public health agenda.

Among those are the prevention of eye injury (Objective 28-8) and promoting the use of protective eyewear (Objective 28-9).

Both programs encourage collaborative efforts among health care entities and agencies. And both awarded grants this year to the Cedar County initiatives.

As a result, awareness of eye safety is being raised in Cedar County this year through public events, media coverage and a variety of local institutions, under a pair of cooperatively developed public education programs.

The Family Vision Center optometrists serve as expert eye safety advisers for both campaigns, providing information on not only how to prevent eye injuries but what to do when an eye injury occurs.

"Paramount to the success of the project has been the collaborative relationship with Drs. Mike and Cathy Frier. They have provided expert insight. They are very active in our community and were more than willing to work with us," added Jana Witt, the hospital's administrative project coordinator.

Both the Friers' Family Vision Center and the hospital are located in Cedar County's largest town, El Dorado Springs.



Cedar County, Mo., residents attend a free eye safety lecture in Cedar County Memorial Hospital's classroom.

"CCMH is unique in that we not only operate the hospital, but we also manage two Rural Health Clinics and the Cedar County Health Department. We were able to disseminate project materials through all of these facilities," said Witt.

"Knowing that individuals learn in various ways, we selected multiple routes of

the hospital," Witt said.

Press releases on both eye safety in the home and sports vision safety were prepared for use by local media during March.

The NEI's annual May celebration of "Healthy Vision Month" was similarly observed in the hospital, its two rural health clinics, the county department and the

"We are just hoping to get out the message that people need to be cautious. Eye injuries can occur at the most unexpected times. We want to teach our community how to protect its vision."

community outreach to spread our vision safety message," Witt added.

Launched in March to coincide with the AOA's annual observance of "Save Your Vision Month," the joint eye safety campaign began with a well-attended, free public eye safety presentation by the optometrists in the hospital's community classroom.

"Newspaper and radio advertisements invited area residents to this informative event that included a complimentary lunch provided by

Family Vision Center.

A portable eye safety exhibit, developed by the hospital (complete with take-home information and a model eye), was on display in each location for a week.

Adolescent patients seen at these facilities during May were given a drawstring sports bag developed by the hospital and filled with vision safety materials. The bags carried the message, "Don't play games with your eyes. Use protective eyewear."

see Hospital, next page



Michael Frier, O.D., lectures on eye safety as part of Cedar County Memorial Hospital's Eye Safety Campaign 2009.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to TLOverton@aoa.org.

Hospital, from page 14

With the celebration of Independence Day in July, advertising on fireworks safety was placed, public service announcements were sent to area radio stations, and a press release was distributed to the county's newspapers.

Over the course of the summer, Dr. Frier arranged presentations before the local chamber of commerce and Optimist Club.

With school resuming in August, both Dr. Frier and the hospital turned their focus to area student athletes.

Packets with eye safety publications and instructional CDs about vision safety were distributed by the hospital to coaches at area public and private schools.

Dr. Frier is contacting coaches and school administrators to schedule in-school presentations.

During October, Dr. Frier plans to place additional newspaper advertising to emphasize the need for proper visibility in Halloween costumes.

The hospital plans to formally measure the success of the campaign by tracking the number of visits by eye care patients to its emergency room as compared to previous years.

"We are the main health care provider for the residents of our county," said Jackie Boyles, the hospital's chief executive officer. "We want to keep our local residents healthy, so we are constantly seeking ways to educate residents on health and safety."

"We are just hoping to get out the message that people need to be cautious. Eye injuries can occur at the most unexpected times," Witt added. "We want to teach our community how to protect their vision."

After 31 years as part of the sole optometric practice in Cedar County, Dr. Frier views the eye safety project as more a matter of public service rather than securing a reputation in the community.

"Although medical eye care can be a good aspect of

an optometric practice to remind people of, it helps to remind people that eye care is available through the local optometric practice," Dr. Frier acknowledges. "A lot of people still think optometrists just fit eyeglasses."

The NEI Healthy Vision Community Awards Program provides grants of up to \$10,000.

The Cedar County hospital's effort is among 36 projects to receive Healthy Vision Community Awards this year.

The AOA Healthy Eyes Healthy People™ program provides grants of up to \$3,000.

Dr. Frier's project is among 57 that received Healthy Eyes Healthy People™ funding this year.

The HEHP program is underwritten by Luxottica and Vision Service Plan, which have given \$1 million to more than 200 projects in 46 states since the program's inception in 2004.

For more information, visit www.aoa.org/hehp.xml.



The Cedar County Memorial Hospital eye safety display was set up at various health facilities during the NEI's "Healthy Vision Month" in May.

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Subscribe to AOA *First Look*, a summary of the day's news about eye care and medicine, delivered to your e-mail inbox every morning.

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To get the news to you quickly, and to ensure you are reading the same articles your patients might be, the AOA does not review or edit the news summaries prior to distribution.

Publication of an article in *First Look* in no way implies the AOA's endorsement, agreement or promotion of a particular article.

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Industry Profile: Marchon

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You know Marchon as a supporter and cheerleader. You may know us for bringing the industry innovative and high-tech products, such as Flexon and Airlock. You may know Marchon for our great designer eyewear and sunwear collections: cK, Calvin Klein, Coach, Fendi, Sean John, Karl Lagerfeld, Nautica, Nike and Pucci.

What you may not know is Marchon fields a talented sales team. The sales team at Marchon is absolutely focused on providing the tools and resources that can help optometric practices grow their business.

Working as a team, the Marchon sales people have worked with eye care professionals:

- ❖ To bring more patients through the door by marketing their practices to the community
- ❖ To help implement inventory control programs that can help increase product turns and improve cash flow
- ❖ To create dynamic, eye-catching windows and retail environments to sell more fashion and luxury products
- ❖ To develop and implement training programs that help staff to become even more effective and revenue-oriented
- ❖ To develop and implement internal and external marketing programs, increasing effective communications between offices and patients
- ❖ To help grow their sunglass business
- ❖ To make doing business more fun and profitable.

Many of Marchon's sales representatives are certified to present ABO courses to your staff. The topics for these courses are so important and compelling you may choose to attend yourself. Topics range from "Delivering Quality Patient Care," to "Improving your Capture Rate," to "Controlling Your Retail Prices" and more.

You may know that you can place orders on Marchon's MVP Web site 24/7. You may not know this site also has tools to help build your business.

Educational and marketing materials are available free on Marchon's MVP Web site – We ask some thought-provoking questions and give you some powerful answers:

What if I increased my average sale?

What if I sold more sunglasses?

What if I had more new patients?

In addition, Marchon's MVP site includes free information on how to plan a style show, how to create effective PR and ad campaigns, and how to increase your recalls.

When you use the MVP site between Sept. 1 and Nov. 13, 2009, you will have the opportunity to win one of thousands of prizes, including a holiday party for your entire office, sponsored by Marchon. For more details, log on to Marchon's MVP site at www.marchon.com and click on the MVP icon. Then click on "New Member."

Marchon is a proud Ophthalmic Council participant and sponsor of the AOA. We also believe "Good Vision is Always in Style" and are helping the VCA "Check Yearly, See Clearly" campaign to reach millions of Americans by promoting their efforts on our Web site and in our co-op advertisements. When you're ready, we'll bring the team to your practice and that's how you win the game! For more information, call Marchon, 800-645-1300.



Shamir's most recent addition to its semi-finished product line is the release of SuperLite™ 1.67 Polarized available in Shamir Creation®.

Shamir expands Creation® lens material options

Shamir announced it is looking to expand the material availability within its product lines in order to further provide patients with the lens options they require.

The most recent addition to Shamir's semi-finished product line is the release of SuperLite™ 1.67 Polarized (Gray), now available in Shamir Creation®.

"Our focus this year is to ensure that patients have a wide selection of materials to choose from when they need a progressive solution," said Matt Lytle, vice president of Marketing. "Currently, our Autograph® line is available in 13 material choices, and now Creation® can be ordered in nine different options. Material availability is an important factor for patients and eye care professionals when choosing a lens design; our focus will be on the continued material expansion of our products throughout 2009."

Released in 2006, Shamir Creation® was the first Shamir semi-finished lens to be manufactured using Freeform Optics™, which provides up to six times more design resolution than standard-cast progressive addition lenses.

Featuring an extended base curve selection (up to 20 percent more than the leading

competitor), Shamir Creation® has an optimally divided prescription range that guarantees the best optical performance for each prescription, according to the company.

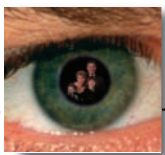
Shamir Creation® lenses are up to 40 percent flatter and thinner than the leading competitor, ensuring an aesthetically pleasing progressive solution for patients, the company said.

In 2006, Shamir Creation® was the winner of the Optical Laboratories Association's Best Lens Design Award.

Shamir's SuperLite™ formula enables the creation of fully aspheric, asymmetric progressive lenses that are 30 percent thinner and lighter than lenses made of conventional plastic and is capable of withstanding high temperatures in order to undergo coating and tinting.

Shamir Creation® 1.67 Polarized (Gray) lenses will provide presbyopes a high resolution progressive solution optimized for their prescription that is thin, light and will reduce glare and improve contrast, resulting in enhanced clarity.

For more information regarding Shamir's line of premium progressive lenses, including Shamir Creation®, contact Shamir's Sales and Client Services Department at 877-514-8330.



VSP, PBA team up on joint children's vision study

VSP® Vision Care and Prevent Blindness America announced the results of their joint nationwide survey revealing more than one in five 12- to 17-year-olds have difficulty seeing the classroom whiteboard/chalkboard, with more than one in four complaining of headaches.

These complaints are noted even though nearly half (45 percent) of the children in this age group reported wearing some type of prescription eyewear.

The study included nearly 1,500 participants.

"The survey provides a clear example of why regular eye exams are so important as children progress in school," said Gary Brooks, VSP Vision Care president. "Most parents probably assume once a prescription is given there isn't a need for further follow-up. However, the survey results reinforce the need for regular eye exams as kids' eyes continue to change and adapt. There are growing demands on their vision as they advance academically. The headaches the older children are experiencing may be a natural result of their eyes experiencing more strain and stress but not receiving updated prescriptions to accommodate the changes."

Additional findings of the survey show:

- ❖ Almost two-thirds (66 percent) of children under age 6 have never had an eye exam by an eye doctor.
- ❖ One in four 6- to 11-year-olds wears prescription glasses.
- ❖ The prevalence of common eye conditions, as reported by parents, increases with the child's age.
- ❖ The most common vision problem in older children is nearsightedness.

As part of Children's Eye Health and Safety Month in August, VSP and Prevent Blindness America educated parents and caregivers on the

importance of vision care and encouraged them to make their children's eye health a priority.

"The good news is that most common eye problems in older children, including myopia, can be effectively treated if diagnosed early," said Hugh R. Parry, president and CEO of Prevent Blindness America. "We urge all parents and caregivers to have their child's vision checked regularly to promote a lifetime of healthy vision."

The AOA recommends all children have a complete eye exam by an eye doctor at age 6 months, 3 years and 5 years.

Between the ages of 6

and 18, the AOA recommends that visits to an eye doctor should occur at least every two years, or more if recommended by an eye doctor.

"It is imperative for children, starting as early as 6 months, to receive comprehensive eye exams on a regular basis to maintain their health and ensure academic success," said Leanne Liddicoat, O.D., a VSP Vision Care optometrist. "It's estimated that 80 percent of what a child learns is through vision."

For additional information, visit VSP's Eyecare Discovery Center at www.vsp.com and Prevent Blindness America at

Most parents probably assume once a prescription is given there isn't a need for further follow-up. However, the survey results reinforce the need for regular eye exams as kids' eyes continue to change and adapt.

www.preventblindness.org.

In the last 10 years, VSP has built a strong relationship with Prevent Blindness America through VSP's Sight for Students program.

This partnership has resulted in the referral of

more than 140,000 children to a VSP eye doctor for comprehensive eye exams and eyewear for a total funding of almost \$18 million for children whose families are unable to afford access to eye care.

Eye Didn't Know That!

Transitions Optical released its findings from the 2009 Transitions Healthy Sight Global Survey, along with several resources to assist with healthy children's vision.

- ❖ Of the 42 percent of respondents who are the parent of a child 17 or younger, 22 percent report that their child has some type of eye condition or vision problem.
- ❖ The most commonly mentioned conditions are myopia (11 percent of parents reporting), astigmatism (5 percent) and blurred vision (3 percent).
- ❖ Of the 74 percent of parents of children age 17 or younger who say they do something to protect their child's eyes from glare, 9 percent have them wear photochromic lenses.
- ❖ In comparison, 21 percent of respondents wear photochromic lenses themselves.

To help educate parents about children's vision, Transitions' Eye Didn't Know That! can be used as a resource.

Housed at www.EyeDontKnowThat.com, this kid-focused consumer education program is designed to build awareness about healthy sight and elevate the importance of the eye care professional in providing healthy sight solutions.

The program includes a school outreach program, Web site and museum exhibit.

Other kids-focused materials include the "Diabetes and the Eye: Children" clinical paper



and public education posters available through the Transitions Partners in Education™ program.

These materials strive to increase awareness of the growing incidence of diabetes in children and the consequent need to protect their eyes from optical complications through comprehensive eye care and sight-enhancing eyewear.

Plus, the Children's Sports Eye Safety brochure, available through Prevent Blindness America and the Transitions® Healthy Sight for Life Fund, educates on the risks associated with kids sports, and educates caregivers, school personnel and athletic coaches on how to protect children's eyes from trauma and ultraviolet rays.



MEETINGS

September

ANNUAL FALL MEETING
VERMONT OPTOMETRIC
ASSOCIATION
September 11-13, 2009
Hilton Hotel and Conference Center,
Burlington, VT
David DiMarco, O.D.
412/334-3428
djd@nveyecare.net

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION
40TH ANNUAL COLORADO
VISION TRAINING CONFERENCE
September 11 - 13 2009
YMCA of the Rockies, Estes Park,
Jennifer Redmond
720/870-2828
Jennifer@highlinevisioncenter.com or
Jamie@highlinevisioncenter.com

69TH NORTHEAST CONGRESS
OF OPTOMETRY
September 13-14, 2009
Westford Regency Inn and
Conference Center, Westford,
Massachusetts
Kathleen Prucnal, O.D.
978/597-5227
DRKAPRUCNAL@MSN.COM

OPTOMETRIC EXTENSION
PROGRAM NORTHEAST
CONGRESS
September 13-14, 2009
Westford Regency Inn, Westford,
Massachusetts
Kathleen A. Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

PHILADELPHIA COUNTY
OPTOMETRIC SOCIETY & MARCO
MACULAR PROTECTIVE PIGMENT
AND AGE-RELATED MACULAR
DEGENERATION
September 16, 2009
Tiffany Diner, 9010 Roosevelt Blvd.,
Philadelphia, PA 19115
Richard H. Sterling, O.D.
267/474-3190
Rster9737@comcast.net
www.philaoptometry.org

MAINE OPTOMETRIC
ASSOCIATION
SEPTEMBER "FALL" CONFERENCE
September 18-20, 2009
Point Lookout, Northport, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

CONTINUING EDUCATION
IN ITALY
September 21-24, 2009
Florence, Italy
Dr. James Fanelli
910/452-7225
faneleye@aol.com
www.CEintItaly.com

NORTH DAKOTA OPTOMETRIC
ASSOCIATION
ANNUAL CONGRESS
September 24-26, 2009
Ramada Plaza Suites, Fargo,
Nancy Kopp or Tracy Thomas
701/258-6766 or 877/637-
2026 FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.info

2009 CONVENTION & ANNUAL
MEETING
WISCONSIN OPTOMETRIC
ASSOCIATION
September 24-27, 2009
Kalahari Resort, Wisconsin Dells,
Wisconsin
Joleen Breunig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

CONTACT LENS ASSOCIATION
OF OPHTHALMOLOGISTS
(CLAO), September 24-26 Hyatt
Regency Montréal
www.clao.org/annual.htm
(877) 501-3937

KENTUCKY OPTOMETRIC
ASSOCIATION
2009 FALL EDUCATIONAL
CONGRESS
September 25-27, 2009
Holiday Inn & Convention Center,
Bowling Green, Kentucky
Sarah A. Jones
502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org
www.kyeyes.org

MISSOURI OPTOMETRIC
ASSOCIATION ANNUAL
CONVENTION
October 1-4, 2009
www.moeyecare.org
573/635-6151

October

SOUTH DAKOTA OPTOMETRIC
SOCIETY
FALL CONVENTION
October 1-2, 2009
Rushmore Plaza Holiday Inn, Rapid
City, South Dakota
Deb Mortenson
605/224-8199
FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

HOMECOMING AND FALL CE
WEEKEND
SOUTHERN COLLEGE OF
OPTOMETRY
October 1-4, 2009
The Peabody Memphis & SCO
Campus, Memphis, Tennessee
800/238-0180, ext. 4

ce@sco.edu or alumni@sco.edu
www.sco.edu/fallce09/

OHIO OPTOMETRIC
ASSOCIATION
EASTWEST EYE CONFERENCE
October 1-4, 2009
Cleveland, Ohio
800/999-4939
info@ooa.org
www.eastwesteye.org

KANSAS OPTOMETRIC
ASSOCIATION
FALL EYECARE CONFERENCE
October 2-4, 2009
Airport Hilton, Wichita, Kansas
785/232-0225
info@kansasopectometric.org
www.kansasopectometric.org

MOA LEGISLATIVE RECEPTION
MICHIGAN OPTOMETRIC
ASSOCIATION
October 7, 2009
Lansing, Michigan
Cindy Schnetzler
517/482-0616
FAX: 517/482-1611
cindy@themoa.org
www.themoa.org

41ST ANNUAL FALL SEMINAR
MICHIGAN OPTOMETRIC
ASSOCIATION
October 7-8, 2009
Lansing Center, Lansing, Michigan
Pam Steffy
517/482-0616
FAX: 517/482-1611
pam@themoa.org
www.michigan.aoa.org

2009 FALL SEMINAR
INDIANA OPTOMETRIC
ASSOCIATION
October 7-8, 2009
Indiana University Memorial Union,
Bloomington, Indiana
Bridget L. Sims
317/237-3560
FAX: 317/237-3564
blsims@ioa.org
www.ioa.org

ILLINOIS OPTOMETRIC
ASSOCIATION
CONVENTION
October 8-11, 2009
Westin Northwest, Itasca, Illinois
Charlene Marsh
800/933-7289
ioabb@ioaweb.org

HUDSON VALLEY OPTOMETRIC
SOCIETY FALL SEMINAR
Hudson Valley Optometric Society
October 9, 2009
West Point, New York
Joseph Accettura
845/561-0305
jaccettura@aol.com

NORTHWOODS EDUCATION
EVENT WISCONSIN
OPTOMETRIC ASSOCIATION
October 9-10, 2009
The Pointe Resort, Minocqua,
Wisconsin
Joleen Breunig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

2009 THERAPY BY THE SEA
CONVENTION
New Jersey Society of Optometric
Physicians
October 9-11, 2009
Sheraton Atlantic City Convention
Center Hotel, Atlantic City, New
Jersey
609/323-4012
www.njsop.org

COLLEGE OF OPTOMETRISTS IN
VISION DEVELOPMENT
39TH ANNUAL COVD MEETING
October 13-17, 2009
Marriott Denver Tech Center, Denver,
Colorado
www.covd.org

IOWA OPTOMETRIC
ASSOCIATION
2009 EDUCATION
SEMINAR/HAWKEYE INSTITUTE
October 15-16, 2009
Waterloo, Iowa
Grace Kennedy
800/444-1772 or 515/222-
5679
FAX: 515/222-9073

ARKANSAS OPTOMETRIC
ASSOCIATION
2009 FALL CONVENTION
October 16-18, 2009
Hilton Memphis, Memphis,
Tennessee
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC
ASSOCIATION
NOA Fall Conference
October 16-18, 2009
Holiday Inn & Convention Center,
Kearney, Nebraska
402/474-7716
noa@assocoffice.net
www.noaonline.org

OPTOMETRY ASSOCIATION OF
LOUISIANA FALL CE CONFERENCE
October 17, 2009
Hilton Capitol Center Hotel, Baton
Rouge, Louisiana
Dr. Jim Sandefur
318/335-0675
optla@bellsouth.net

GREAT WESTERN COUNCIL OF
OPTOMETRY
GWCO 2009 Congress
October 22-25, 2009
Oregon Convention Center &
DoubletreeLloyd Center, Portland,
Oregon
Martin L. Wangen, CAE
406/443-1160
FAX: 406/443-4614
mwangen@rmsmanagement.com
www.gwco.org

20TH ANNUAL EDUCATIONAL
CONFERENCE
Fellowship of Christian Optometrists,
International
October 23-25, 2009
Abe Martin Lodge, Brown County
State Park, Nashville, Indiana
850/471-7674
foreknown@aol.com
www.fcoint.org/conference.html

SUNY-COLLEGE OF OPTOMETRY
8TH ANNUAL ENVISION NEW
YORK
October 24-26, 2009
New York, New York
Matthew Platarote
212/938-5830
FAX: 212/938-5831
mplatarote@sunyopt.edu
www.sunyopt.edu

November

OPTOMETRIC EXTENSION
PROGRAM
THE ART & SCIENCE OF
OPTOMETRIC CARE - A
BEHAVIORAL PERSPECTIVE (OEP
Clinical Curriculum)
November 5-9, 2009
Western University College of
Optometry, Pomona, CA
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION
PROGRAM
VT/LEARNING RELATED VISUAL
PROBLEMS (VT 2) (OEP Clinical
Curriculum)
November 5-9, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

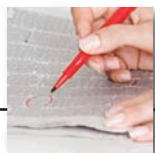
MISSISSIPPI OPTOMETRIC
ASSOCIATION
2009 FALL CONTINUING
EDUCATION CONFERENCE &
EXPOSITION
November 6-8, 2009
Hilton of Jackson, Mississippi
Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@aol.com
www.mseyes.com

MASSACHUSETTS SOCIETY OF
OPTOMETRISTS
FALL MEETING
November 8, 2009
Best Western Royal Plaza Hotel,
Marlborough, Massachusetts
Richie Lawless
508/875-7900
FAX: 508/875-0010
www.massoptom.org

ANNUAL CONVENTION
HAWAII OPTOMETRIC
ASSOCIATION
November 8-11, 2009
Mauna Lani Resort on the Island of
Hawaii - "The Big Island"
Charlotte Nekota
808/537-5678
email: hoapt@earthlink.net

2009 ANNUAL CONGRESS
WEST VIRGINIA OPTOMETRIC
ASSOCIATION
November 12-15, 2009
Charleston Town Center Marriott,
Charleston, West Virginia
304/720-8262
www.wvoa.com

**To submit an item
for the meetings calendar,
send a note to
eventcalendar@aoa.org**



SHOWCASE

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January 7-11, 2010

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March 11-15, 2010

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May 20-24, 2010

For further information and to register:

optometry.nova.edu/ce
(954) 262-1462



Fall Doubleheader!

Anterior Segment Symposium

Saturday, October 17, 2009

Contact Lens Symposium

Sunday, October 18, 2009



For further information
and to register:
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(954) 262-4224

Anterior Segment Symposium
Gil Epstein, MD
Kimberly Reed, OD
Julie Tyler, OD

Contact Lens Symposium
Andrea Janoff, OD
Carol Karp, MD
Nancy Keir, OD, PhD
Lan Nguyen, OD

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Optometrist

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Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.
Chair, Optometric Search
Section of Ophthalmology
Dartmouth-Hitchcock Medical Center
One Medical Center Drive, Lebanon, NH 03756
E-mail: Peter.G.Lapre@hitchcock.org



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www.DHMC.org



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Panama Canal Adventurer, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puterenas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. From \$1619pp.

South America, 2/18-3/2/2010, *Star Princess*®. Buenos Aires, Montevideo, Falkland Islands, Cape Horn, Ushuaia, Punta Arenas, Puerto Montt, Santiago (Valparaiso). From \$1495pp.

Southern Caribbean Explorer, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. From \$769pp.

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Alaska (Inside Passage), 7/17-7/24/10, *Golden Princess*®. Seattle, Juneau, Skagway, Tracy Arm, Ketchikan, Victoria, Seattle. From \$949pp. ~ **Ohio State University Alumni Cruise** ~ (all are welcome). Speaker: Barbara Fink, OD.

Europe's Heartland River Cruise, 7/26-8/2/10, *AMA Waterways ms Amacello*®. Trier, Bernkastel, Zell, Cochem, Koblenz, Rhine Valley, Rudesheim, Mainz, Miltenberg, Wertheim, Wurzburg, Bamberg, Nuremberg. **Optional 3-night pre-cruise stay in Paris and/or a 2-night post cruise stay in Prague.** Cruise fare INCLUDES wines w/ dinner and shore excursions! From \$2399pp (cruise only).

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Early booking discounts or regional promotions may apply. Call for lowest current price. Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.

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SHOWCASE



MIDWESTERN UNIVERSITY ARIZONA COLLEGE OF OPTOMETRY New Position Announcement

Midwestern University provides undergraduate, graduate, and post graduate education in the health sciences on its campuses in Downers Grove, Illinois and Glendale, Arizona. The University excels by providing an interdisciplinary learning environment for students in a variety of health care disciplines, including osteopathic medicine, pharmacy, dentistry, podiatry, occupational therapy, physical therapy, physician assistant studies and many others. With the founding of its newest college, the Arizona College of Optometry will admit its inaugural Doctor of Optometry class in September 2009.

The Glendale, Arizona Campus, located 15 miles northwest of downtown Phoenix, is 145 acres with state of the art facilities in a peaceful setting.

Position Title: Assistant / Associate Dean for Clinical Education

Responsibilities: This position reports to the Dean of the College. The selected candidate must provide leadership in the development of the patient care aspects of the Doctor of Optometry degree, including clinical curriculum development and implementation; recruitment, credentialing, supervision, and retention of clinical faculty; coordination of selected college committees; development and monitoring of the externship, community outreach and residency programs; and overall development of the policies and procedures of the Eye Institute as they relate to clinical teaching and patient care services. The candidate must have the credentials to qualify for a full-time, tenure track faculty appointment at the Associate Professor or higher level at the college.

Qualifications: The candidate must possess a Doctor of Optometry degree from an ACOE accredited institution. Preference will be given to candidates with a Residency, MPH, MS, MBA or PhD in Vision Science or related field. The candidate must demonstrate excellent leadership and communication skills. The candidate must be eligible for optometric licensure in Arizona. A minimum of five years of higher education teaching and a minimum of two years of administrative experience is required.

Salary: Salary will be commensurate with qualifications and experience.

Application: Review of applications will begin August 1, 2009 and continue until the position is filled. The candidate must submit a letter of application outlining interest in the position, curriculum vitae, and the names and contact information of at least three professional references. The materials may be submitted in paper or electronically to:

Héctor C. Santiago, OD, PhD, FAAO, Dean, Midwestern University
Arizona College of Optometry
19555 N. 59th Avenue, Glendale, AZ 85308
By e-mail: hsanti@midwestern.edu
Fax: (623) 572-3911

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State College of Optometry

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Register for the 102nd SCOA Annual Meeting
December 10 - 13 Myrtle Beach, SC
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• 21 hours of CE
• Exhibit hall on Friday and Saturday

Speakers will include:

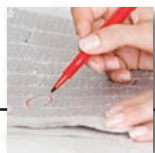
Dr. Paul Ajamian, Dr. Jim Thimons, Dr. John McGreal,
Dr. Jerry Sherman, Dr. Kim Reed and Dr. Keith Riddle.

* Pack your clubs - a golf tournament is being organized - more details to follow!

For more information, contact Jackie Rivers at
scoa@capconsc.com or toll-free at 877-799-6721.



www.sc-eyecare.org



SHOWCASE



State University of New York
State College of Optometry

CHIEF OF REHABILITATION SERVICES

The State University of New York State College of Optometry invites nominations and applications for the position of Chief of Rehabilitation Services. This individual will assume the overall responsibility for a major clinical service within the University Eye Center, the clinical facility of the college. This service consists of visual therapy, head trauma, learning disabilities, low vision, and psycho-educational testing and services. Together, these units diagnose and treat approximately 15,000 patient visits annually. Additionally, this individual will be involved in assuring quality patient care, clinical teaching, staff mentoring, marketing, organization and patient flow, clinic staffing, service communication and budgeting, and collaboration with other clinical, academic and research services within the college. The Rehabilitation Service has a scholarly mission within the college's overall academic program and the candidate will need to foster and promote effective clinical education within the service.

The successful candidate must be an effective leader, working well with faculty and staff and must be an excellent communicator capable of mentoring clinical faculty and integrating exciting and innovative changes into the Rehabilitation Service. Candidates should have substantial experience in both rehabilitation and administration with additional experience in clinical teaching and/or clinical research. A Doctor of Optometry degree is required. The candidate should have advanced training in rehabilitation.

Applicants should submit a letter of interest, CV, and the names and complete contact information for three references by December 1, 2009. Confidential inquiries, nominations, and application materials should be directed to:

Richard Soden, OD, FFAO
VP for Clinical Affairs
SUNY College of Optometry
33 West 42nd Street
New York, NY 10036

rsoden@sunyopt.edu
212-938-4036

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- One-day registration fees available

October 22–25, 2009

Oregon Convention Center &
Doubletree-Lloyd Center
Portland, Oregon

e-mail questions
mwangen@rmsmanagement.com

phone **406.443.1160**
fax **406.443.4614**

Great Western Council of Optometry
36 S. Last Chance Gulch, Suite A, Helena, MT 59601

GREAT WESTERN COUNCIL OF OPTOMETRY

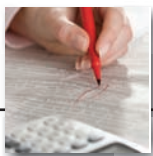


American Optometric Association NEWS

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CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Danville VA, Large practice needs associate/partner. Email resume with cover letter to drmbauman@comcast.net

FOR SALE: PRIVATE OPTOMETRIC PRACTICE, GREAT OPPORTUNITY, OWNER RETIRING, NORTHWEST GEORGIA LOCATION, CALL 770-748-5651

"INDEPENDENT" Practice
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Large modern practice opportunity in central Washington State for sale. Located in an expanding community with many recreational advantages. Local economy has always been stable with food and computer-based industries. Reasonably priced at the cost of frame inventory and two of the newest instruments. Call Kathy @ ProMed: 888-277-6633. Ask for reference # OD302.

North Carolina – Excellent opportunity for associate Full or Parttime in Greensboro/Winston-Salem or Raleigh area. Exceptional income well into six figures plus benefits including paid vacation, dental, health, retirement, CE, license, malpractice. Support staff. Call Dr. Bill Fox 1-919-844-2114.

Northeast Connecticut: Well-established Practice for sale due to retirement. 4512 sq Ft Colonial w/8 room professional office, one 6 room, 2 bed/2.5bath unit, one 3 room, 1 bed/1bath Unit on .57 acres. Garage and large paved lot. Building, optometric business and trade fixtures for \$410,000. Excellent opportunity for young optometrist. 860-779-1290.

PRIVATE PRACTICES FOR SALE/SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

RYE BROOK, NY – Large, well-established practice for sale by husband and wife optometrists planning retirement. 3600 square foot office with two full-time opticians and four assistants. Call 914 939-0830 or e-mail Arthur Copeland, O.D. at JudyArt@aol.com

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

Miscellaneous

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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC(International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica. The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL
C/O VOSH FL
3701 SE 66th Street
Ocala, FL 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforrey@comcast.net and voshinternational@comcast.net.

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Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA - do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

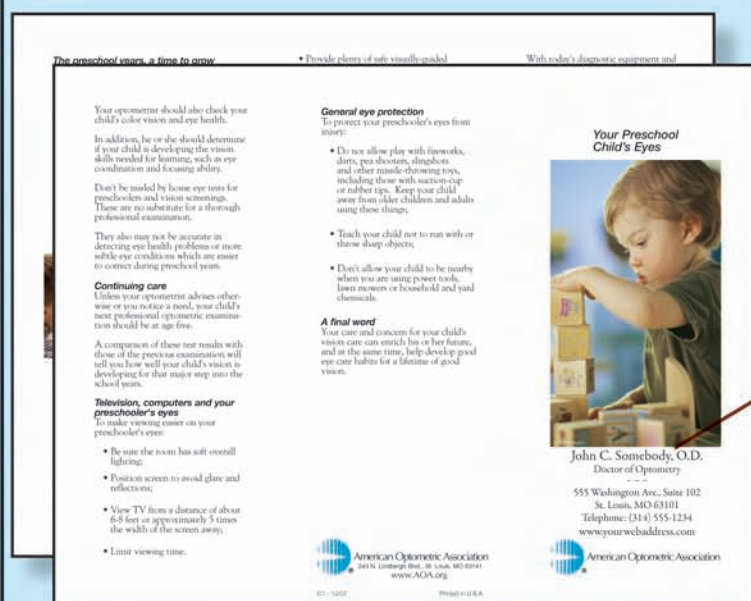


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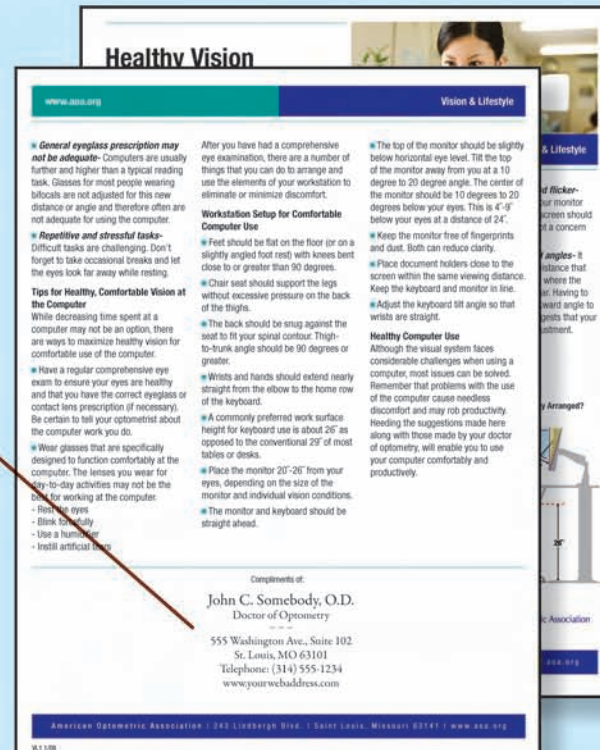
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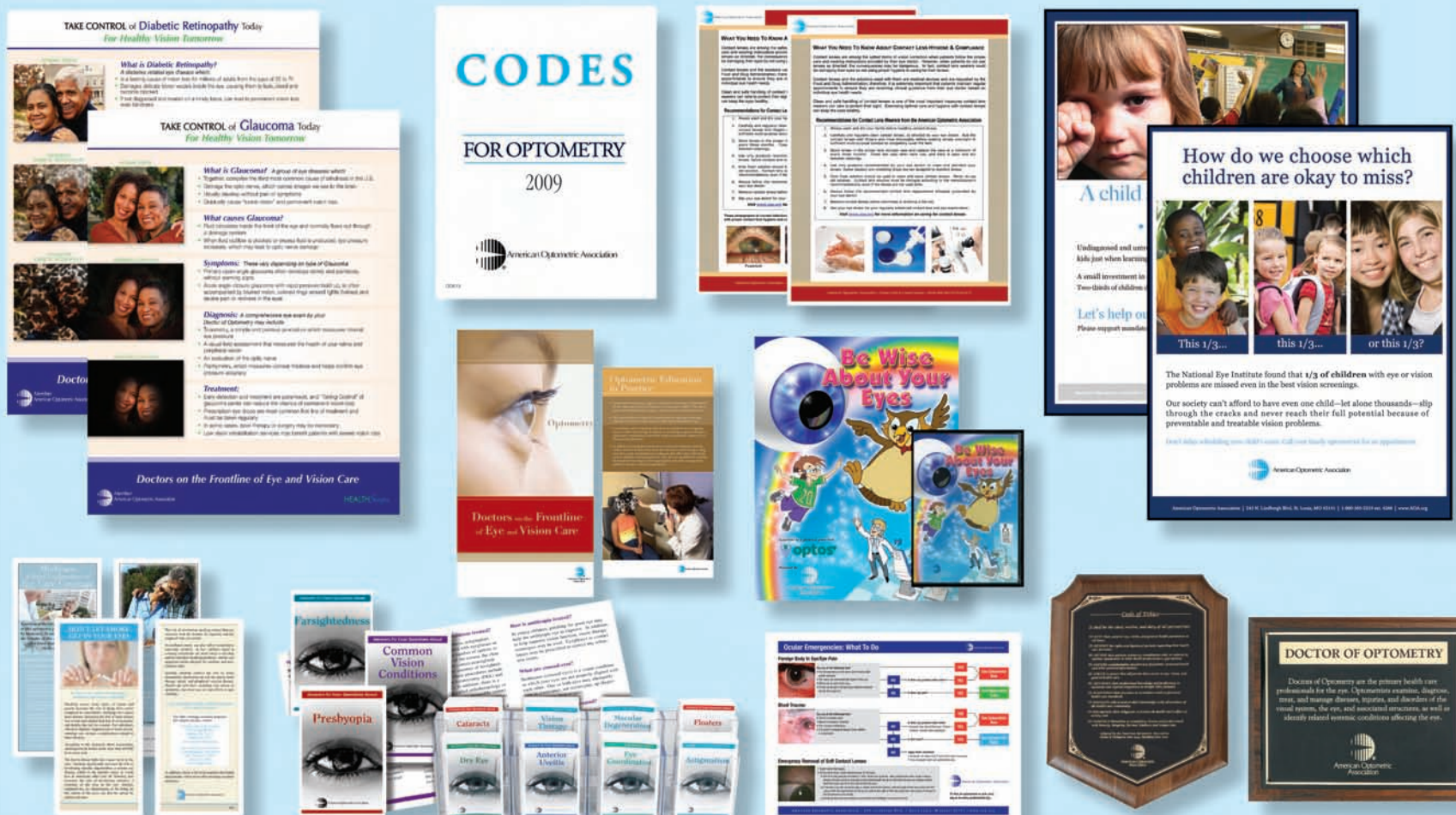
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References: 1. CIBA VISION data on file, 2005. 2. CIBA VISION data on file, 2009. In vitro measurement of contact angles on unworn lenses, compared to ACUVUE® OASYS™, ACUVUE® ADVANCE™ and PureVision® contact lenses. 3. CIBA VISION data on file, 2008. 4. CIBA VISION data on file, 2005. 5. CIBA VISION data on file, 2008. On average, compared to OPTI-FREE® RepleniSH®, 6. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care® Cleaning and Disinfecting Solution to OPTI-FREE® RepleniSH®, OPTI-FREE® EXPRESS®, COMPLETE® MoisturePLUS™ and ReNu MultiPlus® as a group. 7. Dillehay SM, McCarter HE, et al. A comparison of multipurpose care systems. *Contact Lens Spectrum*. 2002; April:30-36.

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